

**Tulare County Human Services Department
In-Home Supportive Services
Referral for Action on Suspected Fraud**

Date:

Aid Type: Select

Allegation(s):

- | | |
|---|---|
| <input type="checkbox"/> Provider not working the hours | <input type="checkbox"/> Unreported changes in household |
| <input type="checkbox"/> Recipient or Provider incarcerated | <input type="checkbox"/> Recipient demanding provider share check |
| <input type="checkbox"/> Recipient in hospital/nursing home | <input type="checkbox"/> Overstated needs |
| <input type="checkbox"/> Recipient deceased | <input type="checkbox"/> Misrepresented income |
| <input type="checkbox"/> Other (specify): | <input type="checkbox"/> Attachments |

No of Attachments

Case Number (10 digit): Funding Source: ☐ PCSP (2M) ☐ IPW (2L) ☐ Residual (2N)

| | | |
|------------------------------|--------------|----------------|
| Recipient Information | Name: | SSN: |
| | Address: | DOB: |
| | City, Zip: | Gender: Select |
| | Phone: (559) | |
| | | |

| | | |
|-----------------------------|--|----------------|
| Provider Information | Name: | SSN: |
| | Address: | DOB: |
| | <input type="checkbox"/> Same as Recipient | Gender: Select |
| | City, Zip: | |
| | Phone: (559) | |

COMPLETE ADDITIONAL REFERRAL FORMS IF RECIPIENT HAS MULTIPLE PROVIDERS INVOLVED IN SUSPECTED FRAUD

GROUND'S FOR SUSPECTED FRAUD:

In the present case there are reasonable grounds to suspect that, on the basis of the false statements on the documents listed in the Statement of Reason, or made verbally to the Social Worker and recorded in the case record, recipient/provider attempted to receive or did receive aid and/or payment of IHSS benefits fraudulently for the periods of time, for the specified sums and involving the items noted below.

Suspected Fraud Committed By: ☐ Recipient ☐ Provider ☐ Both

Statement of Reason of Suspected Fraud (include known dates and possible monetary amounts) :

Social Worker Signature: Worker No.: Date: Phone:

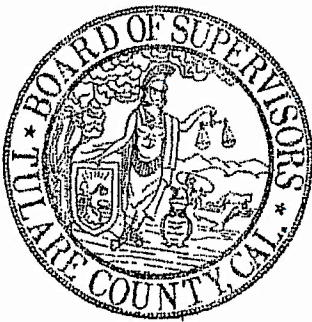
Supervisor Approval: Date: Phone:

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

APPLICATION FOR FUNDING FROM THE)
STATE DEPARTMENT OF SOCIAL)
SERVICES FOR THE PURPOSE OF) RESOLUTION NO. 2009-0790
FRAUD INVESTIGATIONS AND)
ADDITIONAL PROGRAM INTEGRITY)
EFFORTS RELATED TO THE IN-HOME)
SUPPORTIVE SERVICES PROGRAM.)

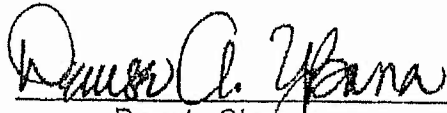
UPON MOTION OF SUPERVISOR VANDER POEL, SECONDED BY
SUPERVISOR ENNIS, THE FOLLOWING WAS ADOPTED BY THE BOARD OF
SUPERVISORS, AT AN OFFICIAL MEETING HELD SEPTEMBER 22, 2009, BY THE
FOLLOWING VOTE:

AYES: SUPERVISORS ISHIDA, VANDER POEL, COX, WORTHLEY
AND ENNIS
NOES: NONE
ABSTAIN: NONE
ABSENT: NONE



ATTEST: JEAN M. ROUSSEAU
COUNTY ADMINISTRATIVE OFFICER
CLERK, BOARD OF SUPERVISORS

BY:


Deputy Clerk

1. Authorized the submission of an application for funding from the State Department of Social Services for the purpose of fraud investigations and additional program integrity efforts related to the In-Home Supportive Services Program.
2. Authorized the Board Chairman to sign all grant application documents necessary to secure grant funds.

DA
IHSS
Auditor

DAY
9/22/09

ATTACHMENT B

COUNTY RESPONSE COVER PAGE

TULARE County is requesting participation in the Enhanced Anti-Fraud Program and is submitting this plan in anticipation of Board of Supervisors approval on November 10, 2009.

Name of County Welfare Department Representative: Jason T. Britt
County Welfare Department Representative Telephone #: (559) 737-4682
Email address: jbritt@tularehhsa.org .

Name of County District Attorney Representative: Phil Cline, District Attorney.
County District Attorney Representative Telephone #: (559) 733-6411.
Email address: pcline@co.tulare.ca.us.

TULARE COUNTY IHSS PROGRAM FRAUD DETECTION & INVESTIGATION

INTRODUCTION

Tulare County is pleased to present the following proposal to address the prevention, detection, referral, and investigation of fraud in the IHSS Program which we will begin within 60 days of receipt of funding. We are certain that the unified effort of the County's Health & Human Services Agency, which is charged with the administration of the IHSS Program, and the District Attorney's Office, which is charged with the investigation and prosecution of fraud, will result in a successful program. It is the goal of our program ultimately to restore the public faith that taxpayer dollars are not being wasted as well as to conserve state and local resources for those who are truly in need of these essential services.

I. IHSS Overpayments/Underpayments

The individual IHSS staff person assigned to each case is primarily responsible for the detection of both over and underpayments and recovery of overpayments in that case. Under the new Fraud Prevention Plan, additional screening for over/underpayments will occur in both the Utilization Review Committee and in Quality Assurance Reviews. When over/underpayments are identified in the Utilization Review Committee or in Quality Assurance Reviews, the IHSS staff person assigned to the case will be tasked with processing the over/underpayment. Policy and Procedure related to Under-Overpayments is being revised to require a fraud referral to the Tulare County District Attorney's Office (TCDAO) in those cases where the overpayment is not the result of an administrative error. In those cases, IHSS Quality Assurance staff will track the referral to TCDAO and will receive and document outcome information from TCDAO.

The schedule of Tulare County's overpayments and referrals since the fiscal year 2004/2005 is enclosed. No quality control staff were hired for the IHSS Program until March of 2005, however, overpayments were discovered in 42 cases in 2006/2007; 52 cases in 2007/2008 and in 28 cases in fiscal year 2008/2009. All fraud referrals were made to the Department of Health Care Services during these years; 4 in 2007/2008 and 5 in 2008/2009. DHCS did not report to Tulare County the outcome of these referrals. As the IHSS Program referred all cases to DHCS, there is no data regarding the utilization of the District Attorney's Office for fraud.

We fully expect that more referrals will occur upon the completion of training of IHSS staff on fraud recognition. As all referrals will be forwarded to the

District Attorney's Office, as opposed to DHCS, we will be able to track all investigations and report outcomes. Utilizing experienced investigators and prosecutors, we will be able to report more convictions as well as orders for restitution.

II. Fraud Referrals/Outcomes

All instances of suspected IHSS fraud will be referred to TCDAO using the IHSS Referral for Action on Suspected Fraud form, enclosed. This form may be revised if, after use, TCDAO Investigators discover additional information is needed to conduct fraud investigations. TCDAO will coordinate investigations with the California State Department of Health Care Services (DHCS). IHSS Quality Assurance staff will maintain a record of referrals made to the District Attorney and investigation activities and outcomes received by TCDAO. TCDAO will prepare a monthly report on the number of referrals, open investigations and outcomes of closed investigations for the IHSS Program as well as for DHCS.

III. Collaboration and Partnerships with Tulare County District Attorney's Office

The County Department of Health and Human Services, of which the IHSS Program is a part, has a long and successful working relationship with the Tulare County District Attorney's Office. The major component of the collaboration has been the referral and investigation of cases of welfare fraud. HHSA has funded the investigation of welfare fraud through a number of investigators as well as clerical staff. In addition, a welfare fraud Eligibility Worker has been included in the fraud unit, which has enabled DA investigators and prosecutors to obtain valuable information in a timely manner. HHSA has a liaison who attends regular meetings regarding welfare fraud procedures and cases with the District Attorney's Office. It is anticipated that this collaboration will continue with the IHSS Program fraud detection and investigation. HHSA and the District Attorney's Office will work together to implement the fraud program, developing policies, procedures and forms. HHSA/IHSS staff will provide training to DA Investigators in the policies and procedures of IHSS cases and DA Investigators will train IHSS Program staff in fraud detection.

IV. County Collaboration & Partnerships with CDHCS & CDSS

The District Attorney's Office will work closely with both CDHCS and CDSS. District Attorney Investigators will meet on a monthly basis with Investigators from both agencies. DHCS Investigators will provide training monthly, and then quarterly to DA Investigators. Some cases may be

referred from TCDAO to DHCS and some may be investigated collaboratively as decided by mutual agreement. TCDAO will complete a report which will be provided to DHCS on a monthly basis. The form is enclosed for review. In addition, TCDAO will establish a database for all fraud referrals, so that all cases of suspected fraud can be tracked and reported. Tulare County DAO and IHSS staff will collaborate to provide an annual outcomes report by August 1 of each year, identifying activities, data and outcomes associated with the county efforts to mitigate, prevent, detect, investigate and prosecute IHSS fraud during the previous fiscal year in the format provided by CDSS. The report will be submitted to CDSS by August 1 of each year.

V. Mechanism for Tracking/Reporting IHSS Fraud Data & Activities

Tulare County IHSS will track referrals made to the District Attorney. TCDAO will report activities and outcomes to CDSS in a format to be determined by CDSS. TCDAO will also report activities and outcomes to Tulare County IHSS and to DHCS.

VI. Current Anti-Fraud Activities Related to the IHSS Program

Tulare County IHSS currently engages in the following anti-fraud activities:

- A. "No time sheet activity" & "300 hour" report. Quality Assurance staff will provide assistance to monitor the "no time sheet activity" and "300 hour" reports as a quality control measure to validate the need for services, ensure that services are being provided, and to identify any other service delivery issues. They will identify cases and provide initial screening and findings. Supervisory staff will be consulted to review findings and determine the need for further action. Support staff, in conjunction with supervisors, will also receive and respond to claims data matches that are initiated by the State.
- B. Quarterly death match reviews. CDSS sends Tulare County a death match report once a quarter. The reports are reviewed by the IHSS Program payroll department.
- C. Targeted unannounced home visits. This activity has been part of the IHSS Program Quality Assurance activity. Cases are targeted for unannounced home visits when questions or 'red flags' arise in the courts of Desk Reviews and cannot be resolved in interviews with IHSS

staff. Targeted unannounced home visits are made by Quality Assurance staff, Registry workers or Supervisory personnel.

- D. Fraud referrals to DHCS. Fraud referrals are made to the Department of Health Care Services using the MC 609 form when Tulare County IHSS Social Services Workers and Supervisory staff believe fraud exists with a provider or recipient of IHSS. Commencing with the implementation of this plan, IHSS will make those referrals, using the IHSS Referral for Action on Suspected Fraud form, to TCDAO. TCDAO will coordinate with DHCS to determine which cases will be investigated locally and which should be sent to DHCS.

VII. County's Proposed Anti-Fraud Activities Related to the IHSS Program

- A. Fraud referrals to the TCDAO. Suspected cases of fraud stemming from the "No Time Sheet" & "300 Hour" reports as well as the Quarterly death match reviews, will be referred to TCDAO. In addition, DA Investigators will accompany IHSS staff on their Targeted unannounced home visits when available. Quality Assurance staff will be encouraged to communicate with DA Investigators when questions of fraud arise. The DHCS will also refer fraud cases to TCDAO.
- B. Targeted "6 week" reviews of new IHSS cases. Approximately six weeks after a new IHSS case is granted, Tulare County IHSS staff will visit targeted recipients to check on task completion and provider scheduling. Time sheet completing procedures will be reviewed with the client at this visit. DA Investigators will accompany IHSS staff on these visits when available to give the recipient information about what constitutes fraudulent activity and the consequences of that activity. In addition, DA Investigators will encourage the recipients to report any coercion or threats by a provider. The number of these targeted visits will depend on the number of new cases granted, but Tulare County estimates the number at between eight and 10 per month.
- C. IHSS fraud information and reporting links. Tulare County will place anti-fraud information on its IHSS web site and on the District Attorney's web site. The sites will include links to the State's web site for reporting purposes. In addition, the District Attorney's Office will post information to warn the public about what constitutes fraud in the IHSS program, warn of the penalties for committing fraud, and

encourage the public to report suspected fraudulent activities to the District Attorney or to IHSS Program staff.

- D. Multi-disciplinary Training. Tulare County District Attorney Investigators will conduct training as needed for IHSS staff on how to identify fraudulent activities. IHSS staff will share knowledge about IHSS Program policies, procedures and business practices to help investigators understand the program.
- E. Anti-Fraud Materials. District Attorney Investigators will develop materials regarding what constitutes fraud and the penalties for committing fraud for recipients of IHSS services. In addition, recipients will be encouraged to report any coercion or abuse (physical or financial) and given information as to how to report that abuse.
- F. Elder Death Review Team. Tulare County IHSS and the District Attorney's Office will participate in an Elder Death Review Team investigating suspicious elder deaths in Tulare County. This participation would include a review of any IHSS involvement with the deceased including the possible involvement of the IHSS provider.
- G. Early Fraud Investigation. An Investigator Aid, under the direction of the Criminal Investigator, will examine applications for IHSS aid, conduct unannounced home visits, and, working closely with DHS, DSS and Tulare County HHSA, investigate and prevent IHSS fraud before the aid is distributed.
- H. Provider Orientation. Investigators, collaborating with the Public Authority, will develop materials and assist with educating providers about fraudulent activities associated with the IHSS program.

VIII. County Proposed Budget for Utilization of Funds

Tulare County's proposed budget is enclosed. Two District Attorney Investigators will conduct the following activities:

- Train IHSS Program staff in fraud detection
- Communicate regularly with DHCS, DSS and IHSS
- Participate on the Elder Death Review Team
- Conduct unannounced home visits and targeted 6-week reviews
- Prepare anti-fraud materials
- Be available for questions and information from IHSS Program staff
- Take referrals from IHSS Program staff and the public
- Conduct surveillance

- Conduct investigations
- Conduct search warrants and arrest warrants
- Write reports and testify in court

The proposed budget includes start-up costs for the DA investigators, including cell phones, digital recorders, safety vests, and other equipment. It also includes funds for training. It is anticipated that there will be training available either through the California Welfare Fraud Investigators Association or another organization which will provide training particular to IHSS Program fraud.

One Legal Office Assistant will provide clerical support to the Investigators. The investigators need to be able to focus on the cases, however, we realize how important keeping accurate statistics on the program will be for future operations. The LOA will prepare the monthly reports to the DHCS, and the reports as needed to IHSS on the status of open investigations. That staff person will also track the number and type of referrals the DAO receives from IHSS staff. In addition, the LOA will assist in the preparation of the annual report to DSS.

An Investigator Aid will conduct early fraud investigations, focusing on applicants for aid who do not have a medically diagnosed disability or illness; applicants under age 40 who report undocumented lower back or arthritis pain; applicants who report the disability or illness arose from a car or work related accident; applicants who address appears to be in a business district; applicants who appear to have income or assets in excess of the amount allowed to be eligible for the IHSS Program. These investigations will also consist of unannounced home visits and interviews with applicants, family and others.

In most recipient fraud cases, undercover surveillance is necessary to obtain evidence that the recipient and/or provider is committing fraud. To conduct surveillance, it is necessary that an undercover vehicle be equipped with the necessary tools to record any fraudulent activity including a 12 volt digital video recorder; a Night/Day camera system and miscellaneous equipment such as large deep cycle batteries, inverters, camera mounts & hardware. The budget allows for the one time purchase of this equipment which will also be available for welfare fraud investigations if not in use.

A percentage of the salary and benefits of an Assistant Chief Investigator is also part of the budget. The AC will supervise the Investigators and support staff and will be a crucial component of the program, especially in the start up phase.

Finally, it is important to note that charging, prosecuting and obtaining convictions against those who have committed IHSS fraud is an integral part of this plan – however, no funds are presently provided by CDSS for those purposes. Without prosecution, all anti-fraud plans are like guard dogs with no teeth. However, Tulare County is committed to reducing fraud and will provide a prosecutor out of its general funds, if necessary. It would be extremely helpful if these county general funds could be used as the county match in the funding process.

IX. Integrating Other Program Integrity Efforts into the Plan

- A. Utilization Review Committee. Tulare County IHSS, in order to provide for the uniform and accurate management of the program, has a Utilization Review Committee comprised, at a minimum, of one IHSS Manager, one Registered Nurse/Social Services Supervisor and one Payroll/Registry Supervisor. The committee reviews all assessments in newly granted IHSS cases and any annual reassessment where the monthly hours are being increased. The committee checks for accuracy, uniformity, compliance with Hourly Task Guidelines, and appropriate documentation of need. Effective with the implementation of this Plan, this committee will also screen for potential fraud activity. When a fraud 'red flag' is identified, the committee will expand to include, at a minimum, the worker assigned to the case. If the "red flag" cannot be resolved, the case will be sent to our Quality Assurance unit for further investigation and a possible fraud referral.
- B. Recipient Signature & Timesheet audit procedure. This is both a Quality Assurance and an anti-fraud measure performed by our IHSS payroll staff and the Social Service Worker assigned to the IHSS case. 100 recipients are chosen at random each month. Provider timesheets in those cases are pulled from the prior two months and signatures on the timesheets are compared with the recipient and provider signatures in the case file. Cases showing apparent discrepancies in the signatures are reviewed with the Payroll Supervisor and the assigned IHSS Social Service Worker. Effective with the implementation of this plan, if the discrepancy cannot be resolved the case will be sent to our Quality Assurance for further investigation and a possible fraud referral.
- C. Collaboration and Cross Training between Tulare County HHSA & the District Attorney's Office. The TCDAO and HHSA have a long history of cooperative efforts aimed at the detection and prosecution of fraud. HHSA has a liaison who attends regular meetings regarding welfare fraud procedures and cases with the District Attorney's Office.

Effective with the implementation of this plan, a representative of IHSS will be added to that process. The District Attorney's Office will provide training to IHSS staff in identifying fraud indicators. IHSS staff will train District Attorney Investigative staff in IHSS policies and procedures, eligibility requirements, assessment standards and the mechanics of the assessment process.

X. Commitment to Produce An Annual Outcomes Report

Tulare County DAO and IHSS staff will collaborate to provide an annual outcomes report by August 1 of each year, identifying activities, data and outcomes associated with the county efforts to mitigate, prevent, detect, investigate and prosecute IHSS fraud during the previous fiscal year in the format provided by CDSS. The report will be submitted to CDSS by August 1 of each year.

Budget Justification

TULARE County's Fraud Funding Plan for FY 2009-10

| Budget Section | Total |
|--|-------------------|
| A. Personnel Costs (includes employee benefits) | \$ 150,685 |
| B. Operating Expenses | \$ 6,300 |
| C. Equipment Expenses | \$ 11,215 |
| D. Travel/Per Diem and Training | \$ 4,885 |
| E. Subcontracts and Consultants | \$ 0 |
| F. Other Costs | \$ 0 |
| G. Indirect Expenses | \$ 0 |
| Total Expenses | \$ 173,085 |

| | |
|---|---------------------|
| A. Personnel Costs (including employee benefits) | Total Budget |
| Title: Assistant Chief Investigator III; .10 FTE | \$ 5,130 |

Salary Calculation: 15 pay periods at Step III; salary (\$2,715) + benefits (\$2,415).

Duties Description: Supervises IHSS Fraud Investigators; review reports; authorizes search and arrest warrants and overtime; provides direction and oversight on scope of investigations.

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|---|-------------------|
| Title: Criminal Fraud Investigator II; 2 FTE | \$ 100,900 |
|---|-------------------|

Salary Calculation: 15 pay periods at Step I; salary (\$34,140) + benefits (\$12,810) x 2 positions. And; overtime for two investigators; 100 each (\$35 per hour x 200 hours = \$7,000.)

Duties Description: Interviews witnesses and suspects; prepares reports; writes and executes search warrants; executes arrest warrants; testifies in prosecutions; collaborates with other law enforcement, IHSS Program staff and prosecution in the investigation of IHSS Program fraud.

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| Title: Investigator Aid I; 1 FTE | \$ 23,400 |
|---|------------------|

Salary Calculation: 15 pay periods at Step I; salary (\$17,025) + benefits (\$6375).

Duties Description: Targeting Early Fraud in IHSS Program, will review applications of recipients and providers; conduct unscheduled home visits; review criminal records; review financial statements; conduct interviews of witnesses; collaborate with CDHS, CDSS, local HHS and Public Authority.

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|--|------------------|
| Title: Legal Office Assistant II; 1 FTE | \$ 21,255 |
|--|------------------|

Salary Calculation: 15 pay periods at Step II; salary (\$15,105) + benefits (\$6,150).

Duties Description: Working closely with Investigators, types and proofreads documents, sorts and distributes correspondence, prepares files, makes copies, takes calls from public, compiles statistics, assists in preparing quarterly reports.

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|---------------|-----------|
| Title: | \$ |
|---------------|-----------|

Salary Calculation:

Duties Description:

| | |
|---------------|-----------|
| Title: | \$ |
|---------------|-----------|

Salary Calculation:**Duties Description:****Total Personnel Costs: \$ 150,685****B. Operating Expenses****Total Budget****Title: Safety Equipment for Investigators****\$ 6,300****Description: Safety vest; Glock 22 .40 Cal. w/Mag & Holster; shotgun with scabbard; ammunition; digital camera; digital recording device.****Title:****\$****Description:****Title:****\$****Description:****Total Operating Expenses: \$ 6,300****C. Equipment Expenses****Total Budget****Title: Surveillance Equipment****\$ 11,215****Description: Surveillance vehicle; digital video recorder; night/day camera system; batteries; inverters; camera mounts and hardware.****Title:****\$****Description:****Title:****\$****Description:****Total Equipment Expenses: \$ 11,215****D. Travel/Per Diem and Training****Total Budget****Title: Travel for Investigator training****\$ 4,885****Description: Two Investigators to attend one 2 or 3 day training by the California Welfare Fraud Investigators Association, or comparable entity within California to learn investigation techniques, common types of fraud and to network with other investigators engaged in similar work.****Title:****\$****Description:**

| | |
|---|-----------------|
| Title: | \$ |
| Description: | |
| Total Travel/Per Diem and Trainings: | \$ 4,885 |

| | |
|--|---------------------|
| E. Subcontracts and Consultants | Total Budget |
| Title: | \$ 0 |
| Description: | |
| Title: | \$ |
| Description: | |
| Title: | \$ |
| Description: | |
| Total Subcontracts and Consultants: | \$ 0 |

| | |
|---------------------------|---------------------|
| F. Other Costs | Total Budget |
| Title: | \$ 0 |
| Description: | |
| Title: | \$ |
| Description: | |
| Title: | \$ |
| Description: | |
| Title: | \$ |
| Description: | |
| Title: | \$ |
| Description: | |
| Total Other Costs: | \$ 0 |

| | |
|-----------------------------|---------------------|
| G. Indirect Expenses | Total Budget |
| Title: | \$ 0 |

Description:

Title:

\$

Description:

Total Other Costs:

\$ 0